

**BOARD OF REGISTERED NURSING**

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www.rn.ca.gov



Ruth Ann Terry, MPH, RN
Executive Officer

COURSE INFORMATION

(California Code of Regulations, Title 16, Section 1456)

PROVIDER NAME _____

Please Type

1. TITLE:	2. DATE(S) TO BE OFFERED:
3. OBJECTIVES: (Behavioral Terminology)	
4. OVERVIEW/DESCRIPTION	
5. TYPE OF OFFERING: (Academic, Workshop, Inservice, Independent study, etc.)	
6. TEACHING METHODS:	
7. NUMBER OF CONTACT HOURS *	
8. CONTENT (Outline Form)	
9. METHOD OF EVALUATION WHEN REQUIRED:	

* Independent study providers describe methodology used to determine number of contact hours.



INSTRUCTOR INFORMATION
 (California Code of Regulations, Title 16, Section 1457)

Please Type

1. NAME:	2a. LICENSE NUMBER:
	2b. Date of Expiration:
	2c. Type of License:

3. EDUCATION:				
College/University	Major	Degree	Area of Preparation	Year Degree Granted

4. EXPERIENCE: (Start with most recent experience)				
Agency	Position	Clinical Area	From Mo/Yr	To Mo/Yr

5. TEACHING EXPERIENCE:			
Title of Course	Description	Location	Month/Year

6. Have you ever had a course in Principles of Adult Education? ☐ Yes ☐ No

If yes, give dates: _____

NOTE: If course has more than one instructor, please copy this form, as a separate form is necessary for each instructor.